



# Adjudicator Expense Report 2018

Name/Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

SSN: \_\_\_\_\_

Event \_\_\_\_\_

<b>Judging Dates</b> Please list here	Total Hours (exclude meals):	<b>X \$45.00 per hour =</b>	
	Total No. Miles Driven:	<b>X IRS Current Allowance=</b>	
<b>Motel Dates</b> Please list here:	Total Nights: <b>Please include receipts</b>	<b>Charge/Night:</b>	Total of Motel receipts:
	<b>Meals Reimbursement</b> In Town (\$10.00/day): <input type="checkbox"/> Out of Town (\$25.00/day):  <input type="checkbox"/> <i>No receipts required for meals</i>	<b>Total Adjudication Days:</b>	Total of Meal Reimbursement:

**TOTAL AMOUNT:** \_\_\_\_\_

**Adjudicators:** Please include motel receipts and submit this form **ASAP** to the Event Coordinator. Use the back of this page for any further details. Please sign below.

**Event Coordinators:** Please verify and **sign** this report, make a copy for your records, then forward the original with receipts to:

*Deborah Butler, OFMC Treasurer  
15805 S. Abiqua Rd NE ~ Silverton, OR 97381  
(503) 873-3159 ~ butlers9@frontier.com*

Adjudicator Signature \_\_\_\_\_

Event Chair Signature \_\_\_\_\_

\*This form and adjudicator guidelines are available under the Forms tab on [oregonfmc.org](http://oregonfmc.org)

*For OFMC Treasurer's Use Only:*

Date Paid: \_\_\_\_\_ Check: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_